

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

REMOTE SITE URINE COLLECTION DEVICE AND METHOD OF USE

the specification of which (check one)

X is attached hereto.

_____ was filed on _____
under Attorney's Docket Number _____
as Application Serial No. _____

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations Section 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

(Number)

(Country)

(Filing Date)

____ Yes ____ No

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Appln. Serial No.)

(Filing Date)

(Status-patent, pending, abandoned)

(Appln. Serial No.)

(Filing Date)

(Status-patent, pending, abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys and/or agents to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

J. Rodman Steele, Jr.	Reg. No. 25,931
Gregory A. Nelson	Reg. No. 30,577
Harvey D. Fried	Reg. No. 28,298
Joseph W. Bain	Reg. No. 34,290
Robert J. Sacco	Reg. No. 35,667
Ted W. Whitlock	Reg. No. 36,965
Glenn E. Gold	Reg. No. 41,039
Scott D. Paul	Reg. No. 42,984
Stanley A. Kim	Reg. No. 42,730

Send correspondence to Ted W. Whitlock, Quarles & Brady LLP, 222 Lakeview Avenue, Suite 400, P.O. Box 3188, West Palm Beach, Florida 33402-3188 and direct all telephone calls to Ted W. Whitlock at (561) 653-5000.

FULL NAME OF INVENTOR: Robert A. Ray

INVENTOR'S SIGNATURE: _____ DATE: _____

RESIDENCE: 815 SW Rustic Cr., Stuart, Florida, 34990

CITIZENSHIP: U.S.A.

POST OFFICE ADDRESS: 815 SW Rustic Cr., Stuart, Florida, 34990

FULL NAME OF INVENTOR: May S. Lui

INVENTOR'S SIGNATURE: _____ DATE: _____

RESIDENCE: 6688 110th Street, Sebastian, Florida, 32958

CITIZENSHIP: USA

POST OFFICE ADDRESS: 6688 110th Street, Sebastian, Florida, 32958

FULL NAME OF INVENTOR: Susan Summers

INVENTOR'S SIGNATURE: _____ DATE: _____

RESIDENCE: 4203 SE Jacaranda Street, Stuart, Florida, 34997

CITIZENSHIP: U.S.

POST OFFICE ADDRESS: 4203 SE Jacaranda Street, Stuart, Florida, 34997

FULL NAME OF INVENTOR: Brian Smith

INVENTOR'S SIGNATURE: _____ DATE: _____

RESIDENCE: 589 SW Ray Avenue, Port St. Lucie, Florida, 34983

CITIZENSHIP: USA

POST OFFICE ADDRESS: 589 SW Ray Avenue, Port St. Lucie, Florida, 34983